

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3	/					
4	3					
5	/		/			
6	/					
7	/		/			
8	/					
9	/					
10	/		/			
11	/					
12						
13	3		/			
14	3					
15	3					
16	3		/			
17						
18	3					
19	3					
20	X		/			
21						
22						
23	X					
24	/		/			
25	/		/			
26			/			
27			/			
28			/			
29			/			
30			/			
31			/			
32			/			
33			/			
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				